



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

August 12, 1994

REPLY TO THE ATTENTION OF:

AKZO NOBEL CHEMICALS INC
ATTN:WALTER G DION
8201 W 47TH ST
MCCOOK IL 60525

RECEIVED
WMD RECORD CENTER

AUG 17 1994

RE: US EPA ID Number ILD 057 833 642
Location: 8201 W 47TH ST
MCCOOK IL 60525

In response to your correspondence of 07-19-94, the following
information has been updated:

NAME OF INSTALLATION

AKZO NOBEL CHEMICALS INC

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD057833642

REACKNOWLEDGEMENT

ARMAK INDUSTRIAL CHEMICAL DIVISION
8201 W 47TH ST
VILLAGE OF MCCOOK IL 60525

INSTALLATION ADDRESS

8201 W 47TH ST
VILLAGE OF MCCOOK IL 60525



8201 W 47TH ST
HOOBROOK, IL 60625

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

000133 AUG 22 80

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)	
S										T/A	C		
F	1	L	D	0	5	7	8	3	3	6	4	2	8
1	5									13	14	15	
										16		17	22

A	R	M	A	K	I	N	D	U	S	T	R	I	A	L	C	H	E	M	I	C	A	L	D	I	V	I	S	I	O	N
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STREET OR P.O. BOX

[illegible]

CITY OR TOWN													ST.	ZIP CODE																																							
V	i	l	l	a	g	e							o	f									M	c	C	o	o	k								I	L												6	0	5	2	5

STREET OR ROUTE NUMBER

STREET OR STATE NUMBER															
C															
5	S	A	M	E											
16															

CITY OR TOWN													ST.	ZIP CODE								
C	V	I	L	L	A	G	E	O	F	M	C	C	O	O	K	I	L	6	0	5	2	5

NAME AND TITLE (last, first, & job title)

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																						
C	2	N	G	O	R	D	O	N	M	G	R	.	E	N	G	R	.	S	E	R	V	I	C	E	S	3	1	2	-	4	4	7	-	7	9	9	C
15	16																49	46	-	48								49	-	51		52	-	53			

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ **B. TRANSPORTATION** (complete item VII)☒ C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (*transporters only – enter “X” in the appropriate box(es)*)

☐ **A. AIR** ☐ **B. RAIL** ☐ **C. HIGHWAY** ☐ **D. WATER** ☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO.											
I	L	D	0	5	7	8	3	3	6	4	2

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

~~AUG 19 1980~~

I.D. - FOR OFFICIAL USE ONLY

S	W	L	D	0	5	7	8	3	3	6	4	2	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 0 0 3	U 0 0 9	U 1 0 3	U 1 1 5	U 1 2 2
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 1 5 4	U 1 7 1	P 1 0 0	U 1 4 7	U 0 1 7	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

Roy Calvert, Plant Manager

DATE SIGNED

8/14/80

EPA Form 8700-12 (6-80) REVERSE

Sharon Kiddor



AKZO

AUG 09 1994

O: 1 NMD
CC: RA/RF

Chemicals Division

June 24, 1994

Regional Administrator
U.S. Environmental Protection Agency
Region 5
230 South Dearborn Street
Chicago, IL 60604

U. S. EPA, REGION V
SWB - PMS

Subject: Change of Name
Akzo Chemicals Inc.

McCook, IL Plant
USEPA I.D. No.: ILD057833642
Air I.D. No.: 031174AAL
IL Generator Site I.D. No.: 0311740004

Morris, IL Plant
USEPA I.D. No.: ILD065237851
Air I.D. No.: 063800AAE
IL Generator Site No. 0630600004
NPDES No. IL0026069

Dear Sir/Madam:

Effective June 1, 1994 the name of Akzo Chemicals Inc. was changed to Akzo Nobel Chemicals Inc. The officers and operators of the company that are responsible for these facilities remain the same.

We trust that this information will be sufficient to allow you to change any existing permits to reflect the new name and ask that this information be forwarded to all departments.

We look forward to continuing a favorable relationship with The USEPA. If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

AKZO NOBEL CHEMICALS INC.

Walter G. Dion
Environmental Services Manager

WGD/mk

cc: J. Taylor
J. Erzen
M. Tehrani
G. Yanku
K. Cosby

REGIONAL OFFICE

7 JUL -7 1994

Akzo Chemicals Inc.
8201 West 47th Street
McCook, Illinois 60525
Tel. (708) 447 7990
Fax (708) 447 3270

FACILITY 1 OF 1

~GM: FR2132N1

AP: FR2132M1

U. S. ENVIRONMENTAL PROTECTION AGENCY

FACILITY INDEX SYSTEM

PROGRAM OFFICE DETAIL

08/01/94

15:45:18

=====
System Name : RCRIS
System ID : ILD057833642

Create Date : 04/09/92

Create User ID: HTR

Update Date : 09/24/93

Update User ID: P01

Facility ID : ILD057833642

Facility Name : AKZO CHEMIE AMERICA

Street Address: 8201 W 47TH ST

City : MC COOK

County : COOK

State : IL

Zip Code : 60525 -

Federal Facility: UNKNOWN

Indian Land : UNKNOWN

Comments : NO

DUNS Number : - -

Press appropriate PF key

=====
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP GOTO END MAIN

UP DOWN XREF CMNTS SIC LL

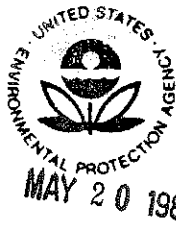
^J for ATtention, Home to SWitch

||

Capture Off

||

Application



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

MAY 20 1982
Mr. N. Gordon
Manager of Engineer Service
Armak Industrial Chemical Division
8201 W. 47th Street
Village of McCook, Illinois 60525

RE: Interim Status Acknowledgement USEPA ID No. ILD057833642
FACILITY NAME: Armak Industrial Chemical Division

Dear Mr. Gordon:

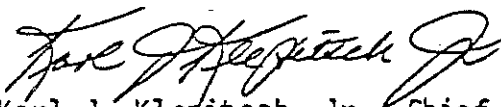
This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: F.L. Linton, Vice President & General Manager of ICD

RS
5/11/82

FACILITY NAME

ARMAK CO INDUSTRIAL CHEMICAL DIV

EPA ID NUMBER

ILD057833642

FACILITY OPERATOR

ARMAK CO

FACILITY OWNER

ARMAK CO

FACILITY LOCATION

8201 W 47TH ST
VILLAGE OF MCCOOK

IL 60525

PROCESS CODE

S01

DESIGN CAPACITY

235000.00000

UNIT OF MEASURE

G

-----**KEY**-----				
PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* * UNIT OF * MEASURE	CODE

STORAGE:			* GALLONS	G
			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:			* TONS PER HOUR	D
			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J,R,N,S,U,V	*	

O: L. Pierard
C: S. Kiddon
Overall



Akzo Chemie America

300 South Wacker Drive
Chicago, Illinois 60606
312/786-0400
Telex 25-3233

March 19, 1984

U. S. Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Attention: B. G. Constantelos
Director, Waste Management Division

Dear Mr. Constantelos:

Effective January 1, 1984, Armak Company changed its name to Akzo Chemie America. There has been no change of ownership, but merely a name change to gain better worldwide marketing identification with our Dutch parent company, Akzo.

All officers of the company as well as those persons designated to sign permit applications and other official documents will remain the same. Furthermore, we expect to continue our relationship of mutual cooperation with the Agency.

Please pass this information on to your Division Managers. We are looking forward to working with your Agency as Akzo Chemie America.

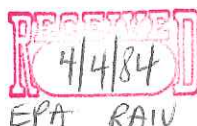
Sincerely,

Jack McVaugh n.e.s.

Jack McVaugh
Manager, Environmental Affairs

JM:set

cc: E. F. Harp
J. J. Erzen
N. Sommers
J. K. M. Day
File

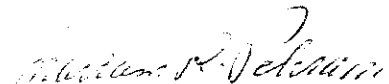


Gentlemen:

Enclosed please find the permit application forms (1 & 3) and the related documents as required per 40CFR265, Subpart C of RCRA regulation for the operation of TSD facilities.

Index of documents enclosed:

- EPA Form 3510-1 (Form 1 General)
- EPA Form 3510-3 (Form 3 RCRA)
- List of Existing Environmental Permits
- Facility Drawing
- Legal Description
- Topographic Map
- Photograph of TSD Facility

A handwritten signature in cursive script, appearing to read "Mariam R. Tehrani".

Mariam R. Tehrani
Environmental Engineer

MRT/br

FORM 1	 EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:5%;">F</td> <td style="width:5%;">I</td> <td style="width:5%;">L</td> <td style="width:5%;">D</td> <td style="width:5%;">0</td> <td style="width:5%;">5</td> <td style="width:5%;">7</td> <td style="width:5%;">8</td> <td style="width:5%;">3</td> <td style="width:5%;">3</td> <td style="width:5%;">6</td> <td style="width:5%;">4</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:5%;">D</td> </tr> <tr> <td colspan="14"></td> <td style="width:5%; text-align: center;">T/A</td> <td style="width:5%; text-align: center;">C</td> </tr> <tr> <td colspan="14"></td> <td style="width:5%; text-align: center;">13</td> <td style="width:5%; text-align: center;">14</td> <td style="width:5%; text-align: center;">15</td> </tr> </table>	S	F	I	L	D	0	5	7	8	3	3	6	4	2	3	D															T/A	C															13	14	15
S	F	I	L	D	0	5	7	8	3	3	6	4	2	3	D																																					
														T/A	C																																					
														13	14	15																																				
GENERAL LABEL ITEMS		GENERAL INSTRUCTIONS																																																		
I. EPA I.D. NUMBER FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	PLEASE PLACE LABEL IN THIS SPACE		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	ARMAC INDUSTRIAL CHEMICAL DIVISION	69
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)									
C	2	N. GORDON	MGR OF ENGIN SERVIC	3	1	2	4	4	7	7	9	9	0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	3	8201	W. 47th	STREET	VILLAGE OF MCCOOK	IL	60525

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	5	8201	W. 47th	STREET	COOK	McCCook	IL	60525	031

14 Nov 80

P.2. 2/24

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
7 2 8 6 9 (specify)	Industrial Organic Chemicals		
C. THIRD		D. FOURTH	
7 (specify)	7 (specify)		

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8 ARMAK COMPANY			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify)			3 1 2 7 8 6 0 4 0 0 15 16 17 18 19 20 21 22 23 24
E. STREET OR P.O. BOX			
300 S. WACKER DRIVE			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
B CHICAGO		I L	6 0 6 0 6
			IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		0 3 1 7 4 A A L (specify)	
		Please see the attached form	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R		(specify)	

XI. MAP
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturers of industrial grade fatty acids and aliphatic nitrogen derivatives.

F9A/51

XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
F. L. Linton, Vice President & General Manager of ICD	<i>F. L. Linton</i>	11/13/80
COMMENTS FOR OFFICIAL USE ONLY		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

FORM 3	EPA	HAZ ENVIRONMENTAL PROTECTION AGENCY US WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F I L D 0 5 7 8 3 3 6 4 2 5 1 </div>
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)
☐ **1. FACILITY HAS INTERIM STATUS**
☐ **2. FACILITY HAS A RCRA PERMIT**
III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> S T/A C </div> <div style="display: flex; justify-content: space-between;"> C DUP 3 1 </div>																									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)								1. AMOUNT					2. UNIT OF MEASURE (enter code)					
X-1	S 0 2	600					G						5												
X-2	T 0 3	20					E						6												
1	S 0 1	235					G						7												
													8												
													9												
3																									
4													10												

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W I L D 0 5 7 8 3 3 6 4 2 3 1															DUP									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
11 NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE			C. UNIT OF MEA- SURE (enter code)		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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not wastes
intended to be used in manufacturing, and
Dool to recycled.
See phone memo sheet

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON

EPA I.D. NO. (enter from page 1)

F	I	L	D	0	5	7	8	3	3	6	4	2	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes & seconds)

LONGITUDE (degrees, minutes & seconds)

4	1	4	8	0	2	5
65	66	67	68	69	70	71

8	7	4	9	0	3	0
72	73	74	75	76	77	78

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

F. L. Linton, Vice President &
General Manager of ICD

B. SIGNATURE

F. L. Linton

C. DATE SIGNED

11/13/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:5%;">F</td> <td style="width:5%;">I</td> <td style="width:5%;">L</td> <td style="width:5%;">D</td> <td style="width:5%;">0</td> <td style="width:5%;">5</td> <td style="width:5%;">7</td> <td style="width:5%;">8</td> <td style="width:5%;">3</td> <td style="width:5%;">3</td> <td style="width:5%;">6</td> <td style="width:5%;">4</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:5%;">D</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td></td> </tr> </table>	5	F	I	L	D	0	5	7	8	3	3	6	4	2	3	D	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
5	F	I	L	D	0	5	7	8	3	3	6	4	2	3	D																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																					
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	A R M A K I N D U S T R I A L C H E M I C A L D I V I S I O N	69
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	N. GORDON MGR OF ENGIN SERVIC	312	447	7990	45	46 - 48

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE		D. ZIP CODE	
C	3	8201 W. 47th STREET	43	VILLAGE OF MCCOOK	IL	60525	40	41 - 42	47 - 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN		D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
C	5	8201 W. 47th STREET	45	COOK	70	MCCOOK	40	IL	60525	47	031	52 - 54	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND												
C	7	2	8	6	9	(specify)	Industrial Organic Chemicals					C	7				(specify)					
15	16	17	18	19							15	16	17	18	19							
C. THIRD										D. FOURTH												
C	7				(specify)						C	7				(specify)						
15	16	17	18	19							15	16	17	18	19							

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?																			
C	8	A	R	M	A	K																								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	15	16	17	18	19	20	21	22	23	24	25								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)															P (specify)										A 3 1 2 7 8 6 0 4 0 0 15 16 17 18 19 20 21 22 23 24 25									
E. STREET OR P.O. BOX																																																	
3 0 0 S. WACKER DRIVE																																																	
F. CITY OR TOWN																														G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B C H I C A G O																														I L					6 0 6 0 6					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
C	9	N													C	9	P													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
C	9	U													C	9	Z	0	3	1	7	4	A	A	L				(specify)	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	Please see the attached form
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
C	9	R													C	9													(specify)	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturers of industrial grade fatty acids and aliphatic nitrogen derivatives.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
F. L. Linton, Vice President & General Manager of ICD															F. L. Linton															11/13/80									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																														
C																														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S	F	I	L	D	0	5	7	8	3	3	6	4	2	3	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

71

YR.	MO.	DAY
8	9	01

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ **2. NEW FACILITY** (Complete item below.)

71

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

72

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	T/A	C
	DUP	3	1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	200	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	235	G		7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 0 5 7 8 3 3 6 4 2 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	D 0 0 9	13,000	P	S 0 1																					
2	D 0 0 1	0	P	S 0 1																					
3	U 0 0 2	0*	P	S 0 1																					
4	U 0 0 3	0*	P	S 0 1																					
5	U 0 0 9	0*	P	S 0 1																					
6	U 1 0 3	0*	P	S 0 1																					
7	U 1 1 5	0*	P	S 0 1																					
8	U 1 5 4	0*	P	S 0 1																					
9	U 1 2 2	0*	P	S 0 1																					
10	U 1 7 1	0*	P	S 0 1																					
11	U 1 4 7	0*	P	S 0 1																					
12	P 1 0 0	0*	P	S 0 1																					
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

not wastes

intended to be used in manufacturing, and

Dool is recycled.

See phone memo sheet

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

VII. FACILITY GEOGRAPHIC LOCATION

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
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ARMAK COMPANY

McCOOK PLANT

List of Existing Permits

<u>Operation Of:</u>	<u>I. D. #</u>	<u>Application #</u>	<u>Agency</u>
Hydrogen Gas	031174AAL	03031001	IEPA
Nitrogen Gas	"	03031002	"
Cooling Towers	"	03031004	"
Finish Product Area	"	73031191	"
Still Area	"	73031006	"
Wastewater Treatment Area	"	72110969	"
Sewer System	"	73031190	"
Steam Generation	"	73031189	"
Boiler & After Burner			
Fume Control System	"	75010117	"
Arquad Production Area	"	73031198	"
Crystalizer Area	"	73031003	"
Fuel Oil System	"	0707001	"
Fume Incinerator	"	04110144	"
Etho Chemical Area	"	03031192	
Batch Hydrogenation Process	"	03031193	"
Raw Material Still			
Tank Control System	"	03031007	"
IPA Storage Tank	"	09110014	"

RECEIVED
JUN 10 1964
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

House

MAIN GATE

ARMAR
PARKING

PARKING
LOT 1 GATE

LAWDALE AVE.

1025.19 FT.

LOCKED PERSONNEL GATE

32' DRUM STORAGE AREA
32' SITE #1

DRUM STORAGE BUILDING

Drum Storage Area
SITE #3

PROPERTY BOUNDARY
75.8 FT.

ARENA COMPANY
MCCOOK IL PLANT

SCALE 1" = 140 FT

LOCKED
FASDON
GATE

10

PROPERTY BOUNDARY

PLAT OF SURVEY

DESCRIPTION

Of that part of the West half of the Northeast quarter of Section 11, Township 38 North, Range 12 East of the Third Principal Meridian, lying North of the center line of the Chicago and Joliet Road, otherwise known and described as Route 4, more particularly described as follows:

Beginning at a point in the East line of said West half, said point being 634.18 feet North of the intersection of said East line with the center line of said Chicago and Joliet Road;

Thence North along said East line for a distance of 683.52 feet more or less, to the Northeast corner of said West half;

Thence West along the North line of said West half for a distance of 1326.17 feet more or less, to the Northwest corner of said West half;

Thence South along the West line of said West half for a distance of 1075.13 feet more or less, to a point, said point being 250.0 feet North of the Southwest corner of the North half of the said West half of said Northeast quarter section;

Thence East, parallel to and 250.0 feet normally distant from the South line of said North half for a distance of 505.22 feet to a point;

Thence Northeasterly for a distance of 758.54 feet, more or less, to a point, said point being 175.38 feet West of the point of beginning measured at right angles to the East line of said West half;

Thence East 175.38 feet to the point of beginning, excepting all that part of the West half of the Northeast quarter of said Section 11 lying North of a line 50 feet South and parallel to the North line of said Section 11, and also excepting that part taken or used for Lawndale Avenue.

Also, that part of the Northwest quarter of Section 11, Township 38 North, Range 12 East of the Third Principal Meridian described as follows:

Beginning at a point in the West line of Riverside Avenue, said point being 250.0 feet North of the center line of 49th Street as shown on the plat of Phillips Subdivision of that part of the Northwest quarter of said Section lying North of Joliet Road;

Thence North along the West line of Riverside Avenue to the South line of 47th Street as shown on said plat of said subdivision;

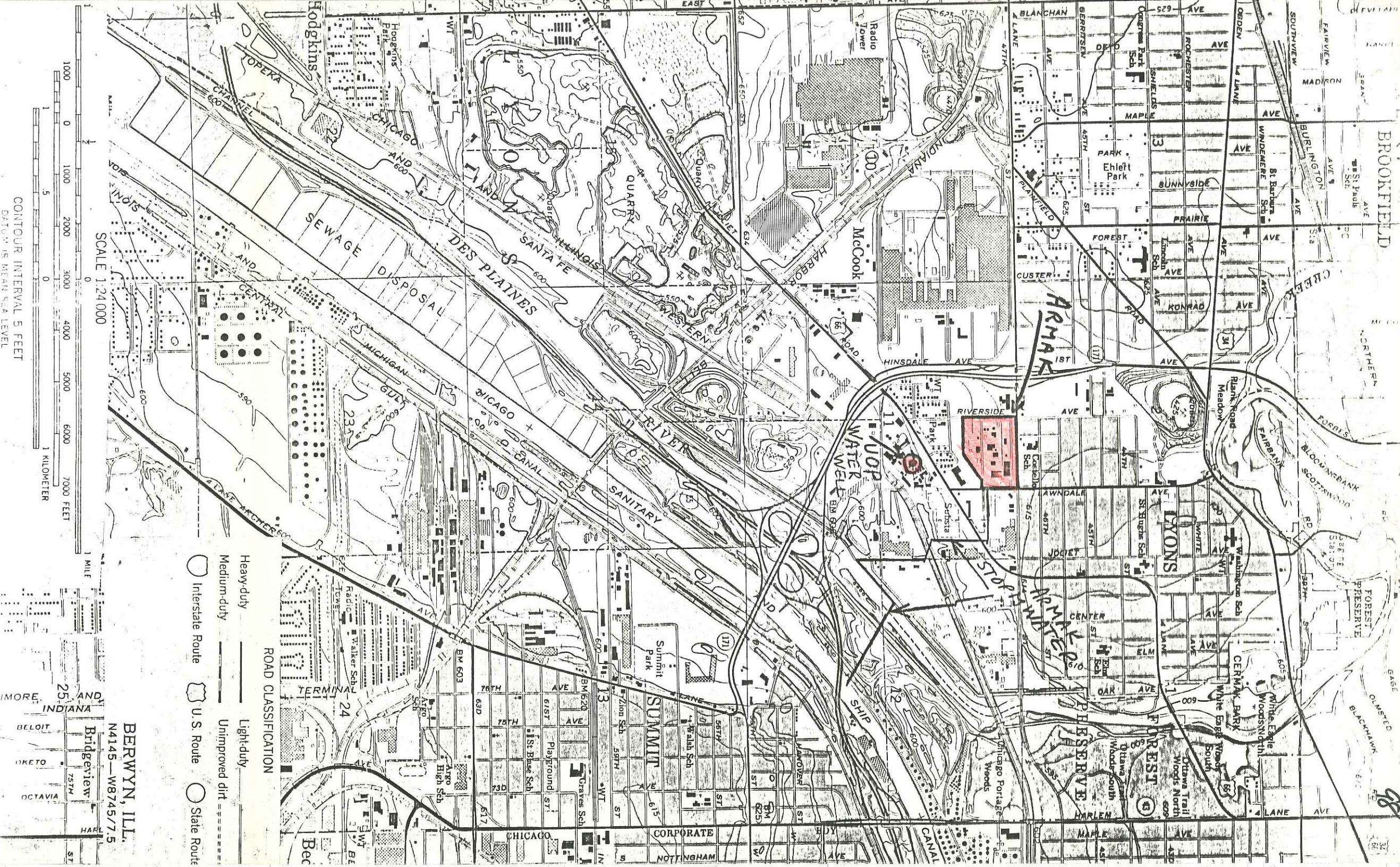
Thence West along the said South line of 47th Street to a point, said point being 17.0 feet East of the Northwest corner of Lot 68 of said subdivision;

Thence South along a line East of parallel to and 17.0 feet normally distant from the West line of Lots 68 and 69 of said subdivision and said lot lines extended to a point in said Lot 69, said point being 250 feet North of the center line of 49th Street, as shown in said subdivision;

Thence East along a line which is North of, parallel to and 250.0 feet normally distant from the center line of 49th Street, as shown in said subdivision, to the point of beginning, all in Cook County, Illinois.







1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 5 0 1 KILOMETER

SCALE 1:24,000

CONTOUR INTERVAL 5 FEET
DATUM IS MEAN SEA LEVEL

1 MILE

25 AND INDIANA

BELOIT
OKETO
OCTAVIA
HARL

BERWYN, ILL.
N4145-W8745/7.5
Bridgeview

ROAD CLASSIFICATION

Heavy-duty
Medium-duty
Interstate Route
U.S. Route
State Route

Light-duty
Unimproved dirt